	MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELF 388 5655 795 STATE FILE NUMBER					
	WRITE AMENDED			BLIC Re	egistration District No	iR .
DO NOT WRITE ON THIS STUB						
VS 300 Rev. 4/59	960			1. 	a. COUNTY Lawrence a. STATE Mo. b. COUNTY Vernon	admission)
Rev. 4/39	AMENDED				OR OR	Inside Limits
n550	AA	-		l —	Mr. Vernon 10 days nevada	es No 🗆
0.330	YE				HOSPITAL OR ADDRESS	es 🗆 No 🗀 🛣
2/08.5 2	DAI		Ш	l <u> </u>		
3				3.	NAME OF DECEASED First Middle Last 4. DATE Month Day OF DEATH May 2, 1962	Year
4 0		1		5.	G. COLOK OK KACE 7. Mained [] 14440 Mained [] G. BALE OF BIKIT	F UNDER 24 HR
5 2		1			White White 97-92 69	
	2	1		102	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WH.	AI COUNTRY
7 /	5	-		134	Machinist Mo. Pacific R. R. Kansas City, Kansas USA 6. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
	5	- 1			Victor Wavada Jennie Elmore Ethel L. Wavada	3
X 1	3	1		15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	•
91/21	. I I	-		(Ye	es, no, or unknown) (If yes, give war or dates of services, no, or unknown) (If yes, give war or dates of services, no, or unknown)	on, Mo.
10	X		늘		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVIOUS ONSET	VAL BETWEEN T AND DEATH
	길닎	i	UME		IMMEDIATE CAUSE (a) Generalized carcinomatosis	
12 (7 2)			DOC		Conditions, if any, DUE TO (b) Bronchogenic carcinoma, left lung, undif-	e Jan.,
135-0	-	-			which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	062
	5			ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. If deceased was there a pregnancy	
<u> </u>	2			CATION	Yes No	Unknown
ZO	[CERTIFIC	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of	
عُ	۱ ؤ			籄	PERFORMED?	
z				ੋਂ ਹੋਂ	20c. TIME OF Hou Month, Day, Year INJURY a.m.	
¥ 8 ∣	۱ ۱			MEDI	p.m	
BLACK INK OR RITER RIBBON					20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK	STATE
USE BLACK OR PEWRITER	READ			ľ	21. I attended the deceased from April 16, 1962, to May 2, 1962 and last saw him alive on May 2, 1962	
≅ ≅					Death occurred at 10:30 p.m. m on the date stated above, and to the best of my knowledge, from the cause	s stated.
USE	SHOULD		<u> </u>	·		c. DATE SIGNED
ا ځ	돐		0 11	1	The Jeaner Langelully Mario. State San., Mt. Vernon, Mo. 5	-3-62
-		\dashv	∐ ≩∣	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
1	Š		FFIDA		Removal 5-3-62 Mt. Calvary Navada, Mo.	
1	ΕŠ		Y AFI		FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	10
1	=	1	 	u_	chard L. Shorten. Nevada, Mo. 3-8-62 Koy Hanthem	(tw
					(Licensed Embalmer's Statement on Reverse Side)	•

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39-14-7533 - Fai Scenzuc, h. Medice San., Me. Vorne.

Colours all actions of the least of the colours of STATEMENT BY LICENSED EMBALMER

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I'hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Student Embalmer No.

working under my personal supervision.

Student_ Signature of Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

33-62

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